



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room W-066-0609  
Silver Spring, MD 20993-0002

TRIMELINE Medical Products Corporation  
c/o Ms. Nancy Skopec  
Regulatory Affairs Specialist  
34 Columbia Road  
Branchburg, NJ 08876

OCT 21 2009

Re: K092604

Trade/Device Name: TRIMELINE Large Face Aneroid Sphygmomanometer  
Regulatory Number: 21 CFR 870.1120  
Regulation Name: Blood Pressure Cuff  
Regulatory Class: II (two)  
Product Code: 74 DXQ  
Dated: August 6, 2009  
Received: August 25, 2009

Dear Ms. Skopec

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

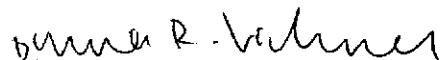
Page 2 - Ms. Nancy Skopec

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



 Bram D. Zuckerman, M.D.  
Director  
Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

TRIMLINE Medical Products Corporation

510(k) Premarket Notification

#### **4 INDICATIONS FOR USE**

510(K) Number: K092604

Device Name: TRIMLINE™ Large Face Aneroid Sphygmomanometer

Indications for Use:

The TRIMLINE Large Face Aneroid Sphygmomanometer:

- is a non-automated, mechanical blood pressure sphygmomanometer that is used for the non-invasive indication of blood pressure.
- may be used with neonatal, pediatric and adult patients

Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The Counter Use \_\_\_\_\_  
(Part 21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Dinner R. Valdivieso  
(Division Sign-Off)  
Division of Cardiovascular Devices

510(k) Number K092604